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## NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER:	09273591	· •
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FORM OIPE-RAM-01 (Rev. 5/97)

## Total Fee Calculation

,	Fee Code	Total # Claims	Number Extra	_ x	Fœ	Fee =	Total
	Sm./Lg,				Sm. Entity		10(3)
Basic Filing Fee	201/101	****			STATE OF THE PARTY	Lg. Entity	300
Total Claims >20	203/103	13 -20 =		x	·	<del></del>	2041
Independent Claims >3	202/102	1/ -3 =					~
Mult. Dep Claim Present	204/104			X			37.00
Surcharge	205/105						150
English Translation	139	•	·			T)	65.Q
TOTAL FEE CALCULA	NOITA						484 a)
Fees due upon filing th	e application:		-				<u> </u>
Total Filing Fees Due	= s	184.00	_ ·				_
Less Filing Fees Submi	tted - \$	1					
BALANCE DUE	=s	184.W					
B. al	exande	/		<b>-</b>			
Office of Initial Patent 1	Examination		<del></del> -				